

(Department, bureau, or establishment)

(Give place and date)

Payee's Account No. 897

To _____ (Payee)

PAID BY

SAPC 5333
COPY 1 OF 3

		(Address)	(City)	(State)	UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	Cost	Per	Dollars	Cts.
		Discount Terms						
		Costs					6,356	59✓
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>		Use continuation sheet(s) if necessary					6,356	59✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from	to	Weight	Government B/L No.
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(Payee must NOT use this space)

I certify that the above bill is correct and just and that payment has not been received.

Differences

STATINTL

(Sign original only)

Date _____

Amount verified; correct for
(Signature or initials) PC

Date _____

Invoice Rec'd.

Contract No. RIOT

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† April

By _____

Title ----- STATINTL

† —

Title

Date _____

Artifying Officer

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

STATINTL

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVING OFFICER

APR 30 1956

Paid by { Check No. _____ dated _____, 19____, for \$_____
 Cash, \$_____, on _____, 19____. Payee _____
 (Sign original only)

* When a voucher is signed or recelpted in the name of a company or corporation, the name of the person writing the company or corporate check as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary".

Per
64-00360R000400090094-6

STATINTL

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090094-6

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